

Grant Application

I. APPLICANT INFORMATION

Name		
Email	1	Phone
Grade/Age Levels Taught Early Childhood Kindergarten 1 st Grade 2 nd Grade 3 rd Grade	: (Please choose one that best describes the p (3-4 years)	oopulation served.)
School/Program Name _		
Street Address		
City	ZIP Code Sch	ool Code (if applicable)
II. ELIGIBILITY		
The school/program nan Head Start Progr Great Start Read Title I Receiving S Title I Eligible Sch Other Entity Serv Please Describe:	am iness Program School	ne Students/Children

III. ASSURANCES

Applicant must commit to, and check all assurances below, in order to be eligible for consideration.

This grant application has been written and submitted by a classroom/program teacher for the use of received books within his or her classroom/program.

The number of books requested in this application is equal to the number of students in the teacher's classroom/program.

The received books will be used to support evidence-based reading instruction and/or best practices in family engagement.

The received books will not be considered school/program property, but will be given to students/children to take home and keep.

	Indicate which element(s) of evidence-based reading instruction will be supported and describe the instructional activities to be carried out in support of the identified elements (Limit: 400 words). Phonemic Awareness		
	Phonics Fluency		
	Vocabulary		
	Text Comprehension		
2.	, , , , , , , , , , , , , , , , , , , ,		
	carried out in support of the identified practice(s) (Limit: 400 words).		
	Integrate Culture and Community Provide a Welcoming Environment		
	Strive for Program-Family Partnerships		
	Make a Commitment to Outreach		
	Provide Family Resources		